STATEWIDE PROGRAM STANDING COMMITTEE
FOR ADULT MENTAL HEALTH

NOTES FOR MEETING OF
April 9, 2007

Members Present: Kitty Gallagher, George Karabakakis, Clare Munat, Sue Powers, Marty Roberts, and Jim Walsh

DMH Staff: Kristen Chandler, Melinda Murtaugh, Frank Reed, and Terry Rowe

Other: Richard Allain, Lise Ewald, Sandi Knight, and Larry Lewack

Clare Munat facilitated this meeting. After introductions, she reviewed the agenda and noted the Standing Committee members' desire to postpone discussion of the report on "Transportation of Individuals in the Custody of the State" until the May meeting.

Standing Committee members approved the notes on the March 12 meeting as written.

Vermont State Hospital (VSH) Report: Terry Rowe

Patient Representative. Terry will meet on Tuesday, April 10, with Linda Corey, Executive Director of Vermont Psychiatric Survivors (VPS) and Scott Perry, VSH's Quality Management Consultant about prospective candidates for the patient representative position.

Second Spring. The new recovery residence, located near Williamstown, had a ceremonial grand opening on Saturday, March 31. VSH is developing protocols for identifying patients who want to go to Second Spring, with expectations that the first of them could go as early as the end of April.

Report on Patient Injuries. Terry guided Standing Committee members through the report for February. Falls are an additional indicator in these monthly reports. Jim Walsh asked if VSH has a fall-risk assessment instrument. He added that falls are part of a national safety initiative now, and he offered to share materials that he has with the State Hospital.

New Policy on Advance Directives. Advance directives are extremely complex, Terry told Standing Committee members, especially when capacity and end-of-life issues are in question. Anyone may have an advance directive. They apply to Level I-IV care homes as well as hospitals. None of the patients currently at VSH have advance directives, although some of them have durable powers of attorney (DPOAs).

VSH is in the forefront of hospitals ready to move ahead with advance directives for patients, she said. The new VSH policy has gone to the Governing Body and will be posted again for additional commentary before the Governing Body's next meeting on April 16.

The Legal Unit's Jessica Oski is the Division of Mental Health's expert on advance directives. The Standing Committee will invite her to come to the May 14.

Next Visit from the Department of Justice (DOJ). Terry announced that DOJ has postponed its next visit from early May until late June.

Membership Issues

The Standing Committee will have more vacancies soon. It is possible that David Mitchell will resign now that he is not with Fletcher Allen Health Care anymore, and Clare's and Sue Powers's appointments officially end this coming April 30. The Standing Committee has forwarded Richard Allain's name for gubernatorial appointment, but no word has been forthcoming about that nomination. Membership applications for Marty Roberts and Sandi Knight are pending. Both members still need to submit application materials to the Division of Mental Health (DMH). The Membership Subcommittee planned to interview Lise Ewald immediately after today's meeting.

Standing Committee's Annual Report on VSH

The Standing Committee approved the March 26 revision of this first annual report with the addition of language from Jim Walsh about "the financial consequences of not drawing down the federal dollars available" because of lack of certification to be added to the section on "Assessment of VSH Operations." Kitty Gallgher moved that the report be approved, and Marty Roberts seconded the motion. Standing Committee members voted unanimously in favor.

Division of Mental Health Updates: Frank Reed

VSH Futures Project. Frank provided several items to the members, including:

- Budget: See attachment for budgetary requests for community capacities (Fiscal Year 2007 base and Fiscal Year 2008 proposed new funding); see further detail in the Department of Health's summary of the DMH budget request for Fiscal Year 2008.
- Futures planning is directed by statutory requirements, legislative committees, and Vermont's CON process. Projects costing in excess of $20,000,000 require two levels of review now, a conceptual CON (the Futures Project is the first state project to go through this process) and the traditional CON process.
- The Futures Project includes capacities that are much more than inpatient programs: system transformation "towards a consumer-directed, trauma-informed, and recovery-oriented system of mental health care" over and above community residential recovery capacity, crisis beds for stabilization and inpatient diversion, and peer services, supportive housing, and transportation. A care management network will coordinate admissions and discharges across a system of care that includes inpatient psychiatric beds, residential treatment beds, and crisis stabilization and inpatient diversion beds.
- There are differences between the proposed ruling from the Department of Banking, Insurance, and Health Care Administration and the Public Oversight Committee's decision on the conceptual CON in Burlington. A hearing is being held on the same day as

this Standing Committee meeting to hear further from parties with standing. Vermont Psychiatric Survivors is calling upon BISHCA for oversight criteria that are more specific so that the whole process will be more transparent.

Proposals for VSH Governing Body. The Deputy Commissioner's proposal covers membership, authority, and responsibility of the Governing Body:

- Membership will include, at a minimum, three public figures.
- Authority and responsibility will include:
  - Chief Executive Officer
  - Care of patients
  - Medical staff
  - Institutional plan
  - Contracted services
  - Annual community report
  - Bylaws

The proposal is consistent with the Centers for Medicaid and Medicare Services standards for governance or hospitals and would afford public members of such a body the same access to information as state employees serving on the Governing Body.

A bill, H. 448, introduced by Representative Anne Donahue of Northfield, proposes the creation and composition of a VSH Governing Body, a specific advisory committee and its representation, and organization of the medical staff.

Current Bills of Note:

- ✓ **S. 137:** Re-creating a Department of Mental Health. Passed by the House and under consideration in the Senate, with a proposed requirement for biennial reporting on early intervention and prevention efforts.
- ✓ **S. 124:** Providing for an independent study to evaluate multiple options for sites for inpatient facilities under Futures Planning; the timeline for the study is May 31-June 30.
- ✓ **H. 449:** This bill primarily involves the Department for Children and Families, with possible implications for mental-health services for transition-aged youth who do not meet eligibility criteria for Community Rehabilitation and Treatment Services. The general discussion that followed focused on the persistence and seeming intractability of a number of issues in regard to transitional-aged youth. Frank told the Standing Committee about a multiagency work group that is getting together monthly now to work on some of these issues.

Restraint and Seclusion Grant. The Vermont State Hospital is applying for a State Incentive Grant from the Center for Mental Health Services to build capacity for alternatives to restraint and seclusion. The grant provides $214,000.00 per year for three years. The deadline for applications is May 11.

Possibility of Move for DMH. DMH may be moving from 108 Cherry Street in the next few months in order to make room for the relocation of over a hundred employees of the Agency of Human Services (AHS) District Office here in Burlington from their current quarters on North Avenue. The decision whether or not to move DMH again has not yet been made but is expected in the near future. If the decision to move is made, Frank will keep the Standing Committee informed of developments.

Public Meetings/Public Comment: Kristen Chandler

Kristen distributed the statutory requirements for public meetings of public entities such as the Statewide Program Standing Committee. Members of the public must have opportunities for input, she said. Committees can make reasonable operating rules, she added (for example, time limits for input from an unusually large number of people who want to comment on a topic). Public comment may be accepted in writing after a meeting. Agendas should be available for the media. Groups may change agendas around (for example, adding items or changing the time they are taken up for deliberation) as necessary for reasonable cause. An agenda serves the Standing Committee's purposes, not the public's. It is important to schedule a time for public comment, but the exact time may be left to the discretion of the committee.

Public Comment

Clare mentioned Safe Haven in Randolph as an exemplary consumer-driven residential program in Vermont. It is sponsored jointly by the Clara Martin Center, Vermont Psychiatric Survivors, and the National Alliance for Mental Illness of Vermont (NAMI—VT). It is among the first (if not the first) collaborative efforts of its kind.

Larry Lewack, Executive Director of NAMI—VT, came to the meeting to tell Standing Committee members about NAMIWALKS for the Mind of America, on May 19. It is both a fund-raising and an awareness-raising event. It will start on the lawn of the State House in Montpelier; registration begins at 9:30 a.m. Vermont's Walk is part of a national campaign to educate the public about mental illness, promote recovery, and reduce stigma.

Re-entry Programs in Southeastern Vermont: George Karabakakis

George asked that the Standing Committee consider inviting a larger audience to hear a group of presenters who could come to the May meeting from Southeastern Vermont to talk about the work they are doing with inmates who are re-entering their communities. Participating groups include Health Care and Rehabilitation Services of Southeastern Vermont (case managers and other staff of the designated agency), Economic Services, Vocational Rehabilitation, Corrections, Probation and Parole, a local drop-in center, a family center, and others. Frank offered the Global Commitment work group as a possible alternative forum, where several Agency of Human Services (AHS) decision-makers already come together on a monthly basis.

Re-designation of Rutland Mental Health Services: General discussion

Frank explained the physical accessibility standards to Standing Committee members, In the case of the Pine Street Apartments in Rutland, those are for RMHS's clients and Mental Health believes that residential standards should apply. Generally, places where people live have been exempt from the standards for access to places open to the public.

RMHS met all other standards for re-designation. Other concerns of Standing Committee members included the following:

- The Emergency Services team, still down two positions
- Access: The agency's walk-in clinic is closed currently (but may be reopened)
- Psychiatric coverage is another worrisome area in Rutland; the agency is actively recruiting
- Reportedly, only one consumer is currently on the Board of Directors
- Recovery programs have been struggling at RMHS
- The lack of a consumer-operated warm line, apparently because of RMHS's concern with liability issues

Standing Committee members voted unanimously to re-designate RMHS without requiring plans of correction. They nevertheless made recommendations that RMHS address issues identified in the following areas, with follow-up action by the Division of Mental Health at the next program review site visit:

- Recovery orientation: Continue efforts toward integrating recovery concepts and attitudes into programs at all levels
- The shortage of available psychiatrists at the designated agency (DA) and Rutland Regional Medical Center: Continue vigorous recruitment of additional psychiatrists
- Lack of peer-operated warm line: Pursue this possibility further; the agency is encouraged to consult with other agencies that have successfully implemented this service for clients
- Consumer stakeholder representation: Strengthen the percentage of consumer members on the Board of Directors. The agency needs more consumer representation, and its Local Adult Program Standing Committee should be actively involved in the recruitment of a new Chief Executive Officer for the agency.

Agenda Items for May

- Introductions, agenda, approval of April 9 meeting notes
- Advance directives: Jessica Oski
- Integrated services for co-occurring disorders of mental illness and substance abuse (possibly involving Paul Dragon)
- DMH's Report on Transportation of Individuals in the Custody of the State

ATTACHMENT I

VERMONT STATE HOSPITAL
FUTURES PROJECT:
Base Allocation for Fiscal Year 2007 and
Governor's Budget Proposal for Fiscal Year 2008

Community Capacities

Community Residential

- Residential Recovery

Base FY 2007	**$3,714,842**
Proposed New FY 2008	**312,221**
Total	**$4,027,063**

Second Spring FY 2008 Cost $3,164,121
6 additional beds @ $862,942 ½ year

- Residential Recovery (Secure)

Base FY 2007	**$1,176,556**
Proposed New FY 2008	**549,328**

6 beds @ $1,725,884 full year

Crisis Beds

Base FY 2007	**$ 212,836**
Proposed New FY 2008	**987,164**
Total	**$1,200,000**

6 beds @ $150,000 full year = $900,000
4 beds @ $75,000 ½ year = $300,000

Peer Programming

Base FY 2007	**$ 79,961**
Proposed New FY 2008	**150,305**
Total	**$ 230,266**

Recovery Housing

Base FY 2007	**$ ---**
Proposed New FY 2008	**$ 460,532**

Transportation

Base FY 2007	**$ 94,960**
Proposed New FY 2008	**7,122**
Total	**$ 102,082**

Care Management

Base FY 2007*	**$ 328,221**
Proposed New FY 2008	**(131,598)**
Total	**$ 196,623**

Futures Staffing, Consultation, Meeting Expense

Base FY 2007	**$ 175,336**
Proposed New FY 2008	**276,142**
Total	**$ 451,478**

*Includes one-time money.